

Continuum of Care Certification

U. S. Department of Housing and Urban Development
Interagency Council on the Homeless

Certification of Consistency with the Continuum of Care

I certify that the proposed project, as identified below, is consistent with the Continuum of Care (CoC) plan covering the jurisdiction in which the project will be carried out. In addition, I certify that the proposed project will fill an existing gap in the community's inventory of housing for homeless persons or families in the community.

(Type or clearly print the following information)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

**Name of the Federal
Program to which the
Applicant is applying:** _____

**Name of Certifying
Continuum of Care
Jurisdiction:** _____

**Certifying Official for
the Continuum of Care**

Name: _____

Title: _____

Signature: _____

Date: _____